

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Message & Media			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014		
Mailing Address 100 Albany St			Amount 29368.00		
City New Brunswick	State NJ	Zip Code 08901-2179	Transaction ID : VN7GB9SJWX5 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type 	Name of Federal Candidate Terri Lynn Land		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 2040725.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SKDKnickerbocker			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014		
Mailing Address 1150 18th St NW Ste 800			Amount 25585.18		
City Washington	State DC	Zip Code 20036-3845	Transaction ID : VN7GB9SJS90 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type 	Name of Federal Candidate Thom R Tillis		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 3798950.69			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54953.18		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Rebecca Lambe</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 30 / 2014	

NAME OF COMMITTEE (In Full) Senate Majority PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00484642 </div>
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Check if ☐ 24-hour report
 ☒ 48-hour report
 ☒ New report
 ☐ Amends report filed on

M M /

D D /

Y Y Y Y

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 28 / 2014</div> </div>	
Mailing Address 3050 K St NW Ste 100		Amount <div> <div>263100.00</div> </div>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SJRW8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>282376.84</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 19276.84	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SJTG9 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		282376.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	282376.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 453481.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SJRY4		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Thom R Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		3798950.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 183150.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SJS17		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Terri Lynn Land		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		2040725.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	636631.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Rebecca Lambe

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Date

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05 / 30 / 2014

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Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 215710.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SJS59
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cory Gardner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	215710.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1189671.02

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Rebecca Lambe

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05 / 30 / 2014

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